



CITY OF RADFORD
APPLICATION FOR UTILITY SERVICES

Applicant Information

Applicant name: _____ Telephone: _____
Driver's License #: _____ Email: _____

Social Security Number: ** _____

***The Federal Privacy Act of 1974, requires that you be informed that all social security numbers provided herewith will be used for the sole purpose of complying with the Virginia Set-Off Debt Collection Act, Code of Virginia § 58.1-520 et seq., as provided for in the Virginia Government Data Collection and Dissemination Act, Code of Virginia § 2.2-3800 et seq. The disclosure of your social security number is voluntary. No applicant for utility services will be denied the provision of utilities due to refusal to disclose his/her social security number. To confirm the identity of the applicant other forms of government identification will be required. Acceptable forms of government identification include: A valid state issued driver's license or valid state issued identification card, passport, or TIN-number (number issued by the IRS for tax purposes) and/or permanent residence card.*

New Service Information:

Location of New Service: _____
Requested Cut on Date: _____ Office Use: Customer ID number: _____
New Account number: _____

Current Radford Customers Only:

Location of Current Service: _____
Current Account Number (if known): _____ Requested Cutoff Date: _____

If you currently participate in automatic debit and wish to continue at your new location please check this box. ☐

Business Customers Only:

Name of Business (if applicable): _____ Telephone: _____
Address: _____ City, State, and Zip: _____
Federal ID#: _____ Legal Entity: ☐ Individual ☐ Sole Prop ☐ Partnership ☐ Corporation/LLC
Email: _____
Receive Bill by: Mail ☐ Email ☐ Both ☐

Additional contact information:

☐ Mailing address (if different from new service location) ☐ Permanent or Guarantor address
Street: _____
City, State, Zip: _____ Telephone: _____

Guarantor Information

Guarantor name: _____
Guarantor Signature: _____
Driver's License # or SSN: ** _____
Telephone: _____ Email: _____

Deposit Information

Deposit required:

- | | |
|--|---|
| <input type="checkbox"/> \$200.00 Residential electric service | <input type="checkbox"/> \$50.00 Residential water/sewer service |
| <input type="checkbox"/> \$500.00 Small general electric service | <input type="checkbox"/> \$75.00 Small commercial water/wastewater |
| <input type="checkbox"/> \$2,000.00 Medium general electric service | <input type="checkbox"/> \$200.00 Medium commercial water/wastewater |
| <input type="checkbox"/> \$5,000.00 Large general electric service | <input type="checkbox"/> \$2,000.00 Large commercial water/wastewater |
| Deposit Waived: <input type="checkbox"/> Letter of Credit Provided <input type="checkbox"/> Letter of Credit to Come <input type="checkbox"/> Satisfactory Payment History with City of Radford | |

Notary Use Only

State of _____ City/County of _____
On _____ Registration Number _____
The individual whose name is signed to the foregoing instrument appeared before me; acknowledged the foregoing signature to be his/hers, and having been duly sworn by me, made an oath that the statements in the said instrument are true.
My commission expires: _____ Signature _____

I (applicant or guarantor) hereby request the City of Radford to provide utility services at the above service address. I (applicant or guarantor) agree to pay all charges for services rendered as a result of this request. I (applicant or guarantor) understand and agree that failure to pay any amount due to the City can result in termination of services and legal action for the collection of such sums plus interest, court costs, and legal expenses and fees.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

Return this completed form to: City of Radford Billing and Service, 619 Second St Room 156, Radford VA 24141

Phone: (540) 731-3602 ext. 2

Fax: (540) 731-3689

Email: radford.ub@radfordva.gov

Website: www.radfordva.gov